

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 826589 (4)

1. Corporation Name
BANFI PRODUCTS CORPORATION



Principal Place of Business 21 BANFI PLAZA CS 6039 FARMINGDALE N Y 11735	Mailing Address 21 BANFI PLAZA CS 6039 FARMINGDALE N Y 11735
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/06/1971	3a. Date of Last Report 04/26/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-4941010	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V <input type="checkbox"/> DELETE
NAME	NAPOLEON, JL
STREET ADDRESS	111 CEDAR SWAMP RD
CITY - ST - ZIP	OLD BROOKVILLE, NY 00000
TITLE	P <input type="checkbox"/> DELETE
NAME	MARIANI, HARRY
STREET ADDRESS	111 CEDAR SWAMP RD
CITY - ST - ZIP	OLD BROODVILLE, NY 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	GOETZ, THERESE
STREET ADDRESS	21 BANFI PLAZA
CITY - ST - ZIP	FARMINGDALE NY
TITLE	C <input type="checkbox"/> DELETE
NAME	MARIANI, JOHN F JR
STREET ADDRESS	111 CEDAR SWAMP RD
CITY - ST - ZIP	OLD BROOKVILLE, NY 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	SORRE, LUCIO
STREET ADDRESS	111 CEDAR SWAMP RD
CITY - ST - ZIP	OLD BROOKVILLE, NY 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	CALDERONE, PHILIP D
STREET ADDRESS	1111 CEDAR SWAMP RD
CITY - ST - ZIP	OLD BROOKVILLE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE: *Philip D. Calderone* **4/18/97** (516) 626-9200
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)